

# **California Department of Health Services**

## **Preventive Health Care for the Aging Program Request for Funding Application Nov. 1, 2004 – June 30, 2006**



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California Department of Health Services  
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Preventive Health Care for the Aging  
Guidelines for Request for Funding Application (RFA) 04-11104

**I. IMPORTANT DATES**

August 16, 2004	Release of RFA 04-11104
August 25, 2004	Letter of intent to apply due by 5 PM by FAX on county letterhead and signed by an authorized person; Deadline for submitting written questions about RFA (email or FAX only - no telephone calls)
September 2, 2004	RFA Information Teleconference, 10:30 am – 12:30 pm
September 8, 2004	Response to questions mailed to applicants
October 1, 2004	RFA and five (5) copies due to State PHCA office by 5:00 pm
October 18, 2004	Funding award letter faxed and mailed to all applicants; list of counties awarded posted at DHS
November 1, 2004	Contract begins
June 30, 2006	Contract ends; contracted counties with satisfactory performance records will be eligible to apply for continued funding beyond 2006 during the next RFA to be announced in March, 2006.

## **II. PREVENTION SERVICES AND THE OLDER ADULT POPULATION**

The oldest of the baby boom generation are now officially transitioning into the “senior boom.” It is difficult to overestimate the significance of this major demographic transition. Society is challenged to implement services geared to respond to this shift in age distribution. The need for health care, long term care, and social services are growing very rapidly, yet how such care will be funded is far from clear.

While primary prevention strategies can help to reduce the demand for healthcare resources and increase the number of healthy years lived by most individuals, they cannot prevent the development of all chronic diseases in all persons. Given the current medical and public health knowledge base, these boomers may be managing one or more chronic diseases. In the last decade, research has examined both disease and demand strategies aimed at improving health outcomes and reducing costs. It is clear that the management of chronic diseases is typically complex, involving considerable lifestyle changes by affected individuals, coupled with timely delivery of appropriate clinical services, often delivered by multidisciplinary teams.

Since 1975 the Department of Health Services’ (DHS’) Preventive Health Care for the Aging Program (PHCA) has demonstrated its leadership role in linking the public health and medical care sectors to improve health for seniors in California. Only through such collaboration can health resources favorably impact health outcomes. Cultivating and maintaining new and established partnerships at the local level have emerged among government, business, voluntary organizations, academia, professional organizations, clinical and public health sectors. There is an increasing emphasis on outcomes, quality improvement, accountability, and efficiency. Change is occurring faster with technological innovation and increased expectations and demands by society tempered by diminishing resources. These are major challenges for all of us in public health. The PHCA program continues to meet these challenges and will play an expanded role in improving the health of California’s seniors in the next century.

The PHCA Program is a preventive health program delivered by public health nurses to the non-frail older adult (55+) population, including low income and ethnic minority older adults. The scope of PHCA services described in the RFA include outreach, community health education and collaborative activities to increase access of health services to seniors, individual comprehensive health assessments, and data collection.

## **III. GENERAL OVERVIEW OF PROGRAM**

### **A. AUTHORITY**

The Preventive Health Care for the Aging Program (PHCA) is authorized under the California State Welfare and Institutions Code, Part 6, Division 9, Chapter 6.5, Sections 18375 - 18378.

## B. ELIGIBLE APPLICANTS

Official city and county health agencies in California currently not funded are eligible to submit applications for the PHCA Program. A local match in the form of cash, services, or facilities at least equal to the state allocation is required. Only one application per county will be accepted.

## C. SPECIFIC PROGRAM REQUIREMENTS

- PHCA services must be provided by public health nurses (PHNs)
- Services must be provided in outreach settings where seniors gather (senior citizens' housing, senior centers, senior nutrition sites)
- County or city agency must match state funding award dollar for dollar
- Local email services must be available for communication purposes with the State PHCA office (i.e., for sending memos and reports to contractors)

## D. HISTORY

Established by AB 1607 in 1973, the PHCA program began in three counties and now provides prevention services to seniors in 12 counties in California. Currently funded counties include the following: El Dorado, Fresno, Humboldt, Kings, Lake, Madera, Orange, San Bernadino, Santa Barbara, Stanislaus, Tulare, and Yolo. Continuously funded from State general funds each year since its inception, PHCA currently serves approximately 10,000 seniors statewide for individual assessment services, and an additional 40,000 seniors who participate in PHCA-developed activities such as senior fairs, group health education, targeted screening clinics, and immunization services.

## E. MISSION AND GOALS

The mission of PHCA is to enhance and protect the health of Californians, age 55 and older. Its goals are to promote healthy life styles, to increase access to health services, and to improve quality of life for seniors.

## F. TARGET POPULATION

The target population of the PHCA program includes non-frail, community-dwelling older adults age 55 and above who are at risk and/or under-served. The program is based on the assumption that the individuals who receive assessment services are their own health care decision-makers and can implement the recommendations made by the public health nurse to improve their own health and use appropriate medical and community services.

## G. CORE ACTIVITIES

- Outreach to the target population described above
- Individual Comprehensive Health Assessment Services (CHAs)
- Data collection

- Targeted health education for seniors
- Collaboration with community health and social service organizations
- Expansion of local health promotion and disease prevention services
- Participation in applied prevention research

#### H. FUNDING

This Request for Application is for the twenty-month period beginning November 1, 2004, and ending June 30, 2006. Successful applicants will be funded annually during this cycle based on a satisfactory performance record, subject each year to the availability of funds in the State Budget for this program. Any revisions of Scope of Work (SOW), budgets, and respective justifications for the second funding year within this cycle shall be submitted when the annual letter of commitment is due in March of 2005.

Three applicants will be awarded for this twenty-month funding cycle. Annual awards during this funding cycle will not be less than \$32,000 and shall not exceed \$62,000. Applicants not funded will remain on a ranked waiting list and will be contracted if a funding opportunity becomes available during the period of this award. Continuing funding beyond June 30, 2006 is anticipated by CDHS for awardees in this RFA process.

#### I. EVALUATION OF APPLICATION

Evaluations will be based on a point system allocated to each of five program components as listed below. SOW activities must be realistic, based on the total budgeted funds including the State award and county match. Preference will be given to applicants who can demonstrate the ability to provide assessment and prevention services to older adults.

Statement of Need/Community Profile and Target Population	15 points
Agency Capability, Staffing & Organizational Structure	15 points
Goal I: Outreach & Health Education	25 points
Goal II: Comprehensive Health Assessments & Data Collection	35 points
Budget	10 points
Total: 100 points	

### IV. APPLICATION INSTRUCTIONS

#### A. DUE DATE AND MAILING ADDRESS

Official city and county health departments intending to apply for this RFA must submit a letter of intent by August 25, 2004.

An information telephone conference to discuss the RFA will be held on September 2nd, 2004 from 10:30 AM to 12:30 PM. To access the call, dial **916-556-1508** and then enter the access code **7422#**. Questions must be submitted via FAX (916) 552-9996. Telephone calls prior to the information telephone conference will not be accepted.

To download and use electronic versions of required forms refer to web-site [www.dhs.ca.gov/phca](http://www.dhs.ca.gov/phca) and click on "Funding Alert".

**An original and five (5) copies of the application package must be received by 5:00 pm on October 1, 2004 in the office of the Preventive Health Care for the Aging program.** It is the responsibility of the applicant to ensure that the application package (and five copies) are complete and received by the deadline. No faxed materials will be accepted. All incomplete or late applications will not be considered for funding.

**Regular U.S. mailing address:**

Preventive Health Care for the Aging  
California Department of Health Services  
1616 Capitol Avenue, MS 7210  
P.O. Box 997413  
Sacramento, CA 95899-7413

*Attention:* Laurie Vazquez, NP

**Express or hand-delivery address:**

Preventive Health Care for the Aging  
California Department of Health Services  
MS 7210  
1616 Capitol Avenue, Suite 74-317  
Sacramento, CA 95814

*Attention:* Laurie Vazquez, NP  
916-552-9952

**B. COVER SHEET**

Please use the PHCA application cover sheet (Attachment 2). The contract period will be for November 1, 2004 - June 30, 2006. The cover sheet must be signed by the person legally authorized to enter into a contract with the California Department of Health Services and commit the county matching resources.

**C. TABLE OF CONTENTS**

The Table of Contents should be the **second** page of the application, and numbered **page two**.

**D. SUCCEEDING PAGES**

All succeeding pages of the body of the application should be numbered consecutively.

Secure all pages of the original and five copies of the application by rubber band. Do not add binders or covers to either the original or copies. The application must be single-spaced and in 12-point font (except for the SOW which requires 10-point font). A checklist of necessary items to be included in the application package is included (See Attachment 1).

**E. STATEMENT OF NEED, COMMUNITY PROFILE AND TARGET POPULATION**  
(Maximum length - 3 pages)

All applicants must submit a Statement of Need including a Community Profile and description of Target Population that includes the following:



## 1. Demographic Information

Provide a current overview of the demographic characteristics of the population aged 55. Describe the geographic locations, and approximate size of sub-populations (ethnic groups, low income, under-served or isolated residents) within the geographic area the applicant intends to offer PHCA services. Include information about chronic disease or risk factor incidence specific to the general or sub-populations of older adults. Applicants must identify their status as “urban” vs. “rural” in the community profile part of the application and provide justification for such designation.

## 2. Criteria for Evaluation of Applicant’s Statement of Need:

- a) Sufficient demographic information is provided to understand the characteristics of the local older adult population, the specific sub-populations of the local older adult population, the specific sub-populations that may be at risk, and the preventive health needs that are not being addressed.
- b) Proposal provides a clear description of the major public and private agencies currently delivering primary, secondary, and tertiary preventive health services and their availability to at-risk older adults.
- c) Proposal describes the strengths and weaknesses of existing preventive services, gaps or services not being provided, and barriers older adults may have in using

g existing services.

## F. AGENCY CAPABILITY, PROGRAM STAFFING AND ORGANIZATIONAL STRUCTURE (Maximum length – five pages)

### 1. Available Preventive Health Services

Describe the major public and private agencies currently providing primary, secondary, and/or tertiary preventive health care services to older adults, the areas they serve, and the services provided. (See Appendix A for definitions)

### 2. Analysis of Existing Preventive Health Services

Describe the strengths and weaknesses of existing services. Identify gaps in prevention services needed but not currently available or barriers older adults may encounter in using these services. Indicate specific geographic areas or sub-populations not currently served by these existing resources.

### 3. Collaborative Partnerships Chosen to Support SOW

Describe local collaborative partnerships already in place or planned that will support the goals and activities listed in the submitted SOW. Examples can include the local Area Agency on Aging, aging networks, senior centers, meal sites and residential facilities.

Applicants may include in the application appendix up to five letters of support from collaborating agencies (see Appendix H: Collaborating Individuals and Organizations).

#### 4. Demonstrated Ability to Provide Assessment Services

Applicants must include a brief description of any related experience the applicant organization and staff have had in providing older adult assessment services and their current ability to provide the services described in this proposal.

#### 5. Local Program Staffing and Organization

##### Staffing Pattern

- a) A program Coordinator who is a public health nurse shall be identified.
  - The PHCA Coordinator shall work at least 0.5 full time equivalent (FTE) in the local program.
  - The PHCA Coordinator is responsible for assuring that local PHCA program services are delivered consistent with the contract.
  - The PHCA Coordinator is the contact person for the State PHCA Office regarding ongoing program activities.
- b) Public health nursing time must be sufficient to provide the number of assessments indicated in Goal II SOW. To successfully manage PHCA services, the State recommends contractors awarded at \$32,000/year to plan for 0.75 FTE public health nurses and those funded at \$62,000/year to plan for 1.5 FTE public health nurses.
- c) PHCA public health nursing staff shall include, or be directly supervised by a public health nurse who has supervisory qualifications and responsibilities identified in the duty statement for the position.
- d) PHCA's enabling legislation identifies public health nurses (PHNs) as the providers of service. PHNs can delegate selected PHCA activities to appropriately trained alternative personnel, e.g. community health aides, outreach workers, health educators, nutritionists, and trained senior volunteers. However, the results of comprehensive health assessments (CHAs) must be reviewed by a PHN, and the client health plan must be developed by a PHN.
- e) Priority will be given to applicants allocating adequate clerical support (i.e. 0.25 to 0.5 FTE) to set up and maintain a local client tracking system, make calls to schedule client appointments, send out reminder appointment cards and file clinic charts.

- f) Applicants may need to consider use of bilingual translators or community outreach staff who can accompany PHNs to clinic sites where interpreter services are needed.

#### 6. Organizational Chart and Supervisory Relationships

- a) Applications must include an organizational chart that reflects the placement of the proposed PHCA program within the local health jurisdiction.
- b) Each position identified in the budget for this application must be identified on the organizational chart.
- c) Supervisory and reporting relationships for each position on the proposed budget must be indicated on the organizational chart, or a separate chart.

#### 7. Criteria for Evaluation of Applicant's Agency Capability

- a) Applicant has submitted a description of the organization and staff's demonstrated ability to provide assessment services to older adults.
- b) Priority will be given to applicants with strong demonstrated ability to provide assessment services to older adults.
- c) Applications that include letters of support from collaborating agencies listed in the proposed SOW will be given higher priority than those without letters of support.
- d) Staffing pattern (based on the budget, organizational chart, and position descriptions) is consistent with proposal guidelines and will support the submitted SOW.
- e) The description of each budgeted position clearly identifies that position's intended contribution to the PHCA program.
- f) The organization chart clearly illustrates administrative oversight for the PHCA program, public health nursing supervision, and direct supervision for all personnel budgeted into the program.

#### G. SCOPE OF WORK (SOW) (Maximum length—10 pages)

The SOW shall address the applicant's Goal I and Goal II activities for the 20-month contract period. All required and optional objectives must be submitted on the forms provided in this application (see Attachment 3 Goals I and II). All narrative should be contained within the lined borders of each SOW form, be single spaced, have a font size of 10 pt, and have ½ inch page margins. A sample SOW with objectives and activities can be found in Appendix B.

During this twenty-month funding cycle, annual SOW progress reports will be due to the State.

**1. Goal I: Outreach and Health Education** (required for all applicants) - See Appendix B --SOW for a sample of Objective 1.0.

Goal I Objectives shall fulfill the mission of PHCA and promote healthy life styles, increase access to health services, and improve the quality of life for persons age 55 and older. The objectives aim to provide effective outreach for PHCA services, foster community collaborations to improve services for local seniors, and provide opportunities for PHCA to be an integral part of aging networks and related activities. Fifteen percent (15%) of the total annual award will reflect efforts to conduct Goal I activities.

**a) Number of Required Goal I Activities**

Contractors awarded at all funding levels are required to conduct Objective 1.0 (Outreach) and Objective 2.0 (Networking). Applicants awarded \$62,000 must also conduct three additional objectives of their choice that meet community needs. (See “e, Additional Goal I objectives” on next page).

**b) The SOW should list activities outlined with time frames. (See sample in Appendix B). The SOW should include the following:**

- (1) Objectives that target unmet preventive health need(s), health risks(s), health problem(s), or service(s) that are needed to improve the health of local seniors. These objectives should reflect needs identified in the Community Profile submitted with this application.
- (2) The specific older adult group(s) to be targeted by the proposed activities.
- (3) List potential or committed partners, proposed health resources or services targeted for support in completing the activities.
- (4) Describe how objectives/activities will be evaluated and reported on annually.

**c) Goal 1, Objective 1.0: OUTREACH (Required by all applicants)**

- (1) Propose a list of outreach activities and include in Goal I part of SOW. (See Appendix C for suggested outreach activities).**
- (2) State a proposed number and list of potential clinic sites to be established where PHCA services will target “at-risk” seniors and include as an attachment 6 in the application. Clinic sites to deliver local PHCA assessment services will be established in community settings where older adults normally gather, such as senior centers, nutrition sites, churches, senior housing complexes, community

park and recreation centers, and mobile home parks. Health department facilities are not usually considered community settings for seniors. However, under certain circumstances the best and/or only suitable site for a PHCA clinic might be in a health department facility. To maintain the outreach intent of PHCA services, a maximum of no more than 15% of all CHAs provided by a contractor in a given year may be provided in a clinic placed in a health department facility. See Appendix D for information about establishing clinic sites).

- (3) List a time frame for implementing each activity.
- (4) Identify person(s) or group(s) responsible for implementation.
- (5) State the method(s) for evaluating the effectiveness of outreach activities and appropriateness of clinic sites utilized in conducting services.

d) Goal I, Objective 2.0: NETWORKING (Required by all applicants)

Objective 2.0 must state the applicant's intent to participate in community networks of organizations that provide health and social services for older adults. The activities must identify potential aging networks chosen for PHCA participation. All applicants will be required to participate regularly in a minimum of two key groups addressing local aging issues—one of which should be the Area Agency on Aging (AAA). Activities for this objective must identify how regular contact with the local AAA will be established and maintained. The frequency of contact with networks or planned attendance at network meetings should be listed in the activity portion of Objective 2.0. The required format for stating Objective 2.0 is provided in the sample, Appendix B.

e) Additional Goal I Objectives (Required only if applying for \$62,000 award level)

Three additional Goal I Objectives are required to be conducted by applicants funded at the \$62,000 level. These additional objectives should be geared toward any of the following: 1) group health education, 2) participation in health fairs, 3) special screening clinics, 4) health risk-reduction activities that include collaboration with other senior and health promotion agencies, and 5) Health Care Maintenance services. These objectives must target the identified PHCA population—the non-frail, community-dwelling older adult, age 55 and above, who may have one or more risk factors. Activities planned should reflect needs described in the “Statement of Need--Community Profile” summary submitted with this application. For each objective, identify the specific sub-groups to be targeted.

- (1) Health Education: Must identify the older adults to be targeted, by group or geographic area. The format for the presentations should be described and the total number of presentations as well as a list of proposed topics. The number of presentations and proposed locations of sites where presentations will be made should be listed along with the designated persons who will be making the presentations (i.e. PHCA staff, community health professional, or both).

- (2) Health Fairs: The coordination of, or participation in, health fairs to impart health information to seniors.
- (3) Special Screening Clinics: To identify disease among high-risk populations; screens could be bone mineral density ultrasound, blood pressure, diabetes, cholesterol, hearing, or other.
- (4) Health Risk Reduction Activities: Planned with other collaborating agencies to provide secondary and tertiary prevention services or information to seniors. An example is working with the local EMS system and health providers to educate seniors about ways to access EMS in the event of a heart attack or stroke; another is the development and maintenance of a local SMART team to raise medication awareness and proper drug management among seniors. (See Appendix E for examples)
- (5) Health Care Maintenance: For objectives focused on individual one-on-one health education or counseling, the PHCA protocol for “health care maintenance services” can be used as a basis for the activities. The goal of this service is to prevent or delay the use of additional medical services by providing ongoing support, counseling, and linkage to community resources over time, and to improve the quality of life for seniors residing in their communities. At the time of the CHA, the PHN must decide whether the client, based on the health assessment, would benefit from additional PHCA services beyond the CHA. This decision should be based on the complexity of presenting health and social problems, and the likelihood that the client will accept and benefit from additional services. In listing this objective, a percentage range should be listed that reflects the number of seniors to be served each year with health care maintenance along with the typical number of counseling/education sessions to be accomplished for each client. (See Appendix L)

2. Evaluation of Application for Goal I: Outreach and Health Education:

- a) The proposed clinic site list includes all required information (described in Appendix D); each site lists the specific group(s) to be targeted as described in the Needs Statement.
- b) Proposed outreach activities are likely to reach the targeted older adults.
- c) Planned activities meet proposal criteria and include measures for evaluating the effectiveness of outreach efforts.
- d) The applicant plans to use additional community individuals and groups to implement outreach activities

the  
will likely

- e) Priority will be given to applicants requesting \$62,000 who describe three well-planned objectives that identify the following: preventive need(s), risk behavior(s), health problem(s), that impact a large number of older adults in applicant/s service area; the identified target population for each objective

benefit from the chosen implementation activities; individuals and organizations who have agreed, or who will be contacted, to partner with PHCA and provide resources key to the success of the project; the expected outcomes of the project; the proposed activities as described are within the resources budgeted by the applicant.

- f) SOW objectives, activities, and the supporting narrative statement complies with the requirements set forth in this application.

### **3. Goal II: Health Assessment Services and Data Collection** (required by all applicants)

- a) Description of Comprehensive Health Assessment (CHA)

In completing the SOW, applicants must follow the Goal II SOW provided in this application and in Major Objective #1 insert an anticipated range of Comprehensive Health Assessments (CHAs) to be accomplished within this 20-month contract period (see Attachment 3).

The CHA is a structured health appraisal of an individual older adult provided by appointment at PHCA clinic sites in easily accessible locations where seniors gather. Each CHA shall include the following:

- (1) Review of the client's health history (completed in advance by the client or with the client at the CHA) by PHN.
- (2) Review of the client's food intake, and assessment of the patterns and adequacy of nutritional intake by PHN.
- (3) Completion of the CHA data collection form; submission of all CHA forms to UCSF for data processing according to scheduled data collection timelines.
- (4) Limited physical assessment, based on local protocols and the needs of the individual client. Contractors will receive guidance developing protocols for each screening exam the local contractor intends to offer to clients. They must be developed and in place before PHCA services are offered, but should not be submitted with this application. Development, with the client, of an individualized plan for health improvement.
- (5) Education and counseling to support the client health plan activities and behavior changes, to identify the resources available, and to coach individuals on use of the medical care system.
- (6) Referral to community health and social service providers based on the client's individual needs identified through the health assessment. Referral follow-up is

within required for referrals made for potential medical problems and elder abuse three months of referral dates.

b) Setting Goal II “Health Assessment” SOW Objectives

Eighty-five percent (85%) of the total annual award will reflect efforts to conduct Goal II activities (CHAs).

In the SOW, applicants must specify a range of CHAs, starting with the minimum allowable number for the twenty-month contract period. The minimum number of CHAs depends on the applicant county designation as being rural vs. urban and the level of award requested (\$32,000 vs. \$62,000).

Applicants must identify their status as “urban” vs. “rural” in the statement of need/community profile part of the application and provide justification for such designation. According to the guidelines developed by the California Rural Health Policy Council (CRHPC), “areas that have a population density of less than 250 persons per square mile and have no incorporated community with a population greater than 50,000 people” are considered rural. Consideration is given to rural programs that require longer commutes to reach places to provide program services and are thus required to conduct fewer annual CHAs than are urban programs.

**The minimum number of CHAs to achieve during the 20-month contract period is based on the applicant’s award level and designation of rural vs. urban as follows:**

Rural Programs

\$32,000/year: 250 CHAs/ 20-month contract period

\$62,000/year: 485 CHAs/ 20-month contract period

Applicants serving rural areas must deliver CHAs at a cost to the State of no more than \$217 per CHA.

Urban Programs

\$32,000/year: 264 CHAs/ 20-month contract period

\$62,000/year: 512 CHAs/ 20-month contract period

Applicants serving clients in urban areas must deliver CHAs at a cost to the State of no more than \$206 per CHA.

c) CHA Standards of Care

- (1) CHA Standards of Care are listed in Appendix F. Every CHA must include all required physical assessments (weight, height and blood pressure measurements).
- (2) Applicants may provide additional physical assessments from the list of optional assessments, based on the identified needs of individual clients. For any



assessment service the applicant wishes to provide that is not listed in Appendix F (as either mandatory or optional) the applicant must include, with this application, a narrative statement justifying why this assessment or service is being included as part of a CHA. (See Appendix G: Criteria for Screening Tests.)

- (3) A program protocol binder will be developed and maintained.
- (4) All required PHCA services must be provided **free** to seniors who participate. Any fee-associated service, such as laboratory services, must be optional for any client seeking PHCA services. Voluntary donations to the PHCA program may be accepted if this activity is within the scope of policies of the applicant's local health department.
- (5) Contractors shall provide a CHA to any older adult no more often than every twelve months.
- (6) Home visits are limited to no more than 3% of all CHA encounters during the period of this contract.

d) Non-CHA Services

- (1) Non-CHA services include return visits or follow-up provided for clients who have already had a comprehensive health assessment within the same year. Examples of Non-CHA contacts include phone follow-up for referrals made for potential medical problems, brief clinic visits to provide selected screens (i.e. hearing screen) or specific counseling (i.e. diabetes self-care education). While there is no minimum number of required Non-CHA visits, phone follow-up calls are required to be completed within ninety days after a referral is made for a potential medical problem or elder abuse situation.

e) Data Management

Accurate data collection is necessary to support PHCA program objectives at both the State and Contractor level. Data on health status measures, risk factors, and use of medical and preventive services will be collected as part of every CHA. All PHNs providing comprehensive health assessment services are expected to develop the knowledge and skills to collect and submit the required data forms in a timely and accurate manner. The rationale for this data collection is as follows:

- To provide surveillance of participating older adults for key health status indicators, follow changes in these indicators over time, and design and target program interventions based, in part, on these indicators.
- To identify older adults with high risk profiles, design appropriate interventions on modifiable risk factors, provide increased health supervision of high-risk clients, and track changes in risk profiles over time.
- To monitor contractor performance including the effectiveness of outreach

activities and compliance with contract SOW, and to support appropriate quality improvement strategies program-wide.

- To provide local health departments with data about the older adult participants of PHCA, and to support local PHCA staff with appropriate training and

consultation on data collection and the use of data tables in managing local programs.

- To provide data that is useful for research on health and aging issues.

#### 4. Criteria for Evaluation of Applicants Goal II Scope-of-Work

- a) Proposal includes all required objectives and activities as documented in the sample SOW.
- b) The minimum number of CHAs matches the required numbers as designated by the contract year and status of rural vs. urban.

## V. **BUDGET REQUIREMENTS**

### A. LINE-ITEM BUDGET

Refer to the Budget Guide (Appendix I) for assistance in completing a Line Item Budget (Attachment 4) for each year of the contract period (Year One: November 1, 2004 - June 30, 2005; Year Two: July 1, 2005 – June 30, 2006). State award and county match budgets for each of the two contract years of this funding cycle must be submitted--each on separate forms. Applicants awarded contracts will invoice quarterly during the contract period and submit a Contractor's Release form upon contract termination. (See Appendix K.)

### B. MATCH REQUIREMENTS

**A local contribution at least equal to the state allocation must be identified.** This match may be in the form of cash, personnel, volunteers, facilities, services, and/or equipment dedicated to the direct support of the local PHCA program.

### C. OTHER MATCHING FUNDS

When other than county/city funds are used for the local match, provide, on a separate sheet, a summary of the funding source(s) and the expected contribution.

1. Receipt of such funds need to be guaranteed at the time of the application with a letter of commitment from the funding organization.
2. The local match, on the line item budget, does not need to identify which local funding source contributed to the individual line items.

3. If applicant receives an award, any subcontracts identified on a program budget must be submitted to the State PHCA Office. The State reserves the right to review and approve subcontracts.

#### D. EQUIPMENT

Purchases with State PHCA funds will not be authorized.

#### E. INDIRECT COSTS

Indirect costs not directly associated with the program's deliverables may be billed to the State award but shall not exceed 10% maximum of the total direct costs. Examples of indirect expenses include the following: payroll services, utilities, janitorial services, etc.

#### F. STAFF BENEFITS

Staff benefits will be paid by the state at a rate not to exceed 30% of the state share of total personnel costs. If a contractor provides benefits to PHCA staff in excess of 30%, such excess can be included in the local match.

#### G. TRAVEL / REQUIRED MEETING ATTENDANCE

Contractors are required to send PHCA staff who will be providing PHCA assessment services to each annual one-day PHCA program conference in Sacramento, to be held in the spring. Program managers and supervisors are encouraged to attend. Reimbursement for travel related expenses are explained in Appendix J, Travel Exhibit.

Annually, contractors are required to send at least one staff person to the geriatric assessment workshop to be held the day after each annual PHCA program conference.

All applicants should budget for these meetings out of the state award based on the following estimated costs per person:

Registration (Main Meeting): \$55 per person (includes continental breakfast and lunch)

Geriatric Assessment Workshop: \$150 per person (includes continental breakfast and lunch)

Travel/lodging/meals: Estimated by each applicant to Sacramento

#### H. BUDGET JUSTIFICATION (Maximum – 3 pages)

A narrative Budget Justification encompassing both fiscal years of the contract shall be submitted with the budget. This narrative shall support each line item contained in the budget and include a summary of responsibilities for each budgeted position. It is important that the budget included in the application contract supports the SOW.

The Budget Justification Narrative includes information that supports the anticipated

expenses identified in the budget. Briefly explain and justify each budget item.

1. Personnel: Summarize and justify the duties and functions by job category for each classification and justify the full time equivalent (FTE) percentage claimed.

For each personnel line item on the narrative budget justification (both State support and Local match) **include a one-paragraph description** of direct responsibilities for each position in the program. (Applicants do not need to submit job descriptions for the budgeted personnel).

- a) This paragraph should indicate if the position will provide services directly to clients, and/or if the position will provide services in a PHCA clinic.
  - b) The described responsibilities should relate to and support the activities contained in the SOW, Goals I - II.
  - c) Programs having the opportunity to use volunteers may include a paragraph describing their participation, and, if known, the time contributed to the PHCA program.
  - d) If the applicant plans to locate the PHCA program in a county health and human services department without direct public health nursing supervision, then a paragraph describing the manner in which public health nursing supervision will be made available to the PHCA program staff must be included in this document, and reflected on the organizational chart and the budget, either as a State or local match cost.
2. Fringe Benefits: Summarize the benefits in this category and the calculation rate (e.g., percentage of salaries and wages—not to exceed 30%).
3. Operating Expenses: Explain and justify the inclusion of each item and briefly explain the rationales and assumptions used in estimating the cost for each item.
4. Travel and Per Diem: Explain and justify the expense budgeted for travel and per diem expenses.
5. Subcontractors and/or consultants: Explain, justify and identify each subcontractor as relating to the SOW.
6. Other Costs: Summarize other expenses related to program operations or the provision of services and relate these to specific activities in the SOW. Submit an itemized list.
7. Criteria for Evaluating the Applicant's Budget
  - a. Consideration will be given to the level and quality of the local match. Each line item of the local match as well as the state allocation clearly and directly supports implementation of the local PHCA program as proposed in the SOW. Applicants proposing to allocate resources above those required to match the requested state

grant may be given funding priority.

- b. Application contains all required budgetary information in the requested format with required attachments.

## **VI. GRANT AWARDS PROCESS**

### **A. CONTRACT AWARD**

Two awards will be funded at \$62,000 and be given to the two top scoring applicants applying for that award level. One award will be funded at \$32,000 and be given to the top scoring applicant applying for that level of funding. CDHS/PHCA will release award decision on October 18, 2004.

In the event the contract is not accepted by the chosen applicants with the highest score, CDHS/PHCA may enter into a contract with the available applicant having the next highest score in the review process.

The State reserves the right to negotiate the budget and SOW of successful applications, and not to award a grant if the negotiations are unsuccessful. If a successful applicant fails to finalize the grant, the State reserves the right to fund another applicant. **The anticipated start date of the grant award will be November 1, 2004.**

### **B. NOTIFICATION OF AWARD DECISION**

All agencies that submitted an application for this RFA will be notified of the decision in writing and may receive, upon written request to CDHS/PHCA, the consensus review tool summary page of the application, which provides the score and overall strengths and weaknesses of the application.

### **C. APPEAL PROCESS**

Only those applicants that submit a proposal consistent with the requirements of this RFA and are not selected may appeal. There is NO appeal process for applications that are submitted late, non-compliant, or are incomplete. Applicants may not appeal their level of funding. Letters appealing the final proposal selection must be **received no later than 5 p.m. on October 25, at the address indicated below.** (FAX copies are acceptable; email letters are NOT acceptable). Appeals shall be limited to the grounds that CDHS/PHCA failed to correctly apply the standards for reviewing your application in accordance with the RFA. The appellant must file a written appeal, which includes the issue(s) in dispute, the legal authority or other basis for the appellant's position, and the remedy sought.

Protests must be addressed to:

(Regular U.S. mail delivery)

Donald O. Lyman, M.D., Chief

(Express or Courier-delivery)

Donald O. Lyman, M.D., Chief

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